

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90020 010 ****61.25

DOCUMENT # N13329

1. Entity Name

THE GREATER SEFFNER AREA CHAMBER OF COMMERCE, IN

Principal Place of Business

**2314 SO PARSONS AVE
 SEFFNER FL 33584**

Mailing Address

**P.O. BOX 1920
 SEFFNER FL 33583-1920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2849897

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGRUDER, PATRICIA A
 115 MARGARET ST
 STE F
 BRANDON FL 33511**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **MAGRUDER, PATRICIA A**
 STREET ADDRESS **115, MARGARET ST STE F**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **P EX-OFFICIO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **RS** ☒ Delete
 NAME **REV. WALTER TURNER**
 STREET ADDRESS **1016 DR ML KING JR BLVD W**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **GAYLE ROBSON**
 STREET ADDRESS **1707 PARSONS AVENUE S**
 CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE **VP** ☐ Delete
 NAME **BENNETT, JOHN**
 STREET ADDRESS **3902 CORPORATE PARK DR STE 650**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LUMPKIN, ELVIS**
 STREET ADDRESS **6313 BLOCK DAIRY RD**
 CITY-ST-ZIP **SEFFNER FL 33584-2948**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PRICE, BRADLEY**
 STREET ADDRESS **1706 S KINGS WAY AVE**
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **THOMAS, LINDA**
 STREET ADDRESS **1006 S. TEAKWOOD DR**
 CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **813-681-8716**
4/28/01

CR2E037 (10/00)